PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

455-030

		CLAIMS A				0)		SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			(Column 1)		(Column 2)			TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			19					RATE	FEE] .	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		i	BASIC FEE	385.00	ÖR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			19 minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =					X43=		OR	X86=		
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than zero, enter "0" in			olumn 2		TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)	·	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	•	OR	X\$18=		
	Independent	*	Minus	***	<u> </u>	=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MI	JUTIPLE DEF	PENDENT	CLAIM		Ī	+145=	,	OR	+290=		
							L	TOTAL		1	TOTAL		
							A	ODIT. FEE		OR	ADDIT. FEE		
_		(Column 1) I CLAIMS		(Colum		(Column 3)	_						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	:	OR	X\$18≃		
	Independent	<u> </u>	Minus	***		= .	ľ	X43=		OR	X86=		
	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM		Ī	+145=		OR	+290=		
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
	•	(Column 1)		(Colum	ın [.] 2)	(Column 3)			٠.	•		•	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	T	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	╌┟	X43=			X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ		· · ·	OR			
. .	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	Al	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE		
		ber Previously Paid					foun	d in the app	ropriate box	in coli	JMN 1.		